

**UTILITY  
PATENT APPLICATION  
TRANSMITTAL**

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No. 249207US2S CONT

First Inventor or Application Identifier Yoichi OGASAWARA

Title ULTRASONIC DIAGNOSTIC APPARATUS

U.S. PTO  
10782976  
22387  
10**PTO****APPLICATION ELEMENTS**

See MPEP chapter 600 concerning utility patent application contents

- |  |   |
|--|---|
| 1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g. PTO/SB/17)<br>(Submit an original and a duplicate for fee processing)  |   |
| 2. <input checked="" type="checkbox"/> Specification   | Total Sheets <span style="border: 1px solid black; padding: 2px;">59</span> |
| 3. <input checked="" type="checkbox"/> Formal Drawing(s)   | Total Sheets <span style="border: 1px solid black; padding: 2px;">13</span> |
| 4. <input checked="" type="checkbox"/> Oath or Declaration   | Total Pages <span style="border: 1px solid black; padding: 2px;">2</span>   |
| a. <input checked="" type="checkbox"/> Newly executed (original or copy)   |   |
| b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. §1.63(d))<br>(for continuation/divisional with box 17 completed)  |   |
| i. <input type="checkbox"/> DELETION OF INVENTOR(S)<br>Signed statement attached deleting inventor(s) named in<br>the prior application, see 37 C.F.R. §1.63(d)(2) and<br>1.33(b). |   |
| 5. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer<br>Program (Appendix)   |   |
| ii. <input type="checkbox"/> Paper   |   |
| c. <input type="checkbox"/> Statements verifying identity of above copies  |   |

**ADDRESS TO:** Commissioner for Patents  
Mail Stop Patent Application  
Alexandria, Virginia 22313

**ACCOMPANYING APPLICATION PARTS**

- |  |  |
|--|--|
| 7. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s))                                   |  |
| 8. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76   |  |
| 9. <input type="checkbox"/> 37 C.F.R. §3.73(b) Statement<br>(when there is an assignee)                                | <input type="checkbox"/> Power of<br>Attorney                      |
| 10. <input type="checkbox"/> English Translation Document (if applicable)  |  |
| 11. <input checked="" type="checkbox"/> Information Disclosure<br>Statement (IDS)/PTO-1449                             | <input checked="" type="checkbox"/> Copies of IDS<br>Citations (5) |
| 12. <input checked="" type="checkbox"/> Request for Priority   |  |
| 13. <input checked="" type="checkbox"/> White Advance Serial No. Postcard  |  |
| 14. <input checked="" type="checkbox"/> Certified Copy of Priority Document(s) (1)<br>(if foreign priority is claimed) |  |
| 15. <input type="checkbox"/> Applicant claims small entity status.<br>See 37 CFR 1.27                                  |  |
| 16. <input type="checkbox"/> Other:  |  |

17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below:

 Continuation     Divisional     Continuation-in-part (CIP)of prior application no.: PCT/JP02/08475, filed  
on August 22, 2002

Prior application information: Examiner:

Group Art Unit:

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

**18. CORRESPONDENCE ADDRESS**

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Signature:	<i>Eckhard H. Kuesters</i>	Date:	Feb 23 2004
Name:	Surinder Sachar	Registration No.:	

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Docket No. 249207US2S CONT

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

INVENTOR(S) Yoichi OGASAWARA

SERIAL NO: New Application

FILING DATE: Herewith

FOR: ULTRASONIC DIAGNOSTIC APPARATUS

## FEE TRANSMITTAL

COMMISSIONER FOR PATENTS  
ALEXANDRIA, VIRGINIA 22313

FOR	NUMBER FILED	NUMBER EXTRA	RATE	CALCULATIONS
TOTAL CLAIMS	16 - 20 =	0	x \$18 =	\$0.00
INDEPENDENT CLAIMS	6 - 3 =	3	x \$86 =	\$258.00
<input type="checkbox"/> MULTIPLE DEPENDENT CLAIMS (If applicable)			+ \$290 =	\$0.00
<input type="checkbox"/> LATE FILING OF DECLARATION			+ \$130 =	\$0.00
			BASIC FEE	\$770.00
			TOTAL OF ABOVE CALCULATIONS	\$1,028.00
<input type="checkbox"/> REDUCTION BY 50% FOR FILING BY SMALL ENTITY				\$0.00
<input type="checkbox"/> FILING IN NON-ENGLISH LANGUAGE			+ \$130 =	\$0.00
<input checked="" type="checkbox"/> RECORDATION OF ASSIGNMENT			+ \$40 =	\$40.00
			TOTAL	\$1,068.00

- Please charge Deposit Account No. 15-0030 in the amount of **\$0.00** A duplicate copy of this sheet is enclosed.
- A check in the amount of **\$1,068.00** to cover the filing fee is enclosed.
- Credit card payment form is attached to cover the filing fee in the amount of **\$0.00**
- The Director is hereby authorized to charge any additional fees which may be required for the papers being filed herewith and for which no check or credit card payment is enclosed herewith, or credit any overpayment to Deposit Account No. 15-0030. A duplicate copy of this sheet is enclosed.

Respectfully Submitted,

OBLOON, SPIVAK, McCLELLAND,  
MAIER & NEUSTADT, P.C.Date: Feb - 23 2004Eckhard H. Kuesters  
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